

PART B - FEE(S) TRANSMITTAL

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7590 05/02/2006

IP Strategies PC
12 1/2 wall Street
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Asheville, NC 28801

06/01/2006 MGEBREM2 00000028 501998 09388195

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HEATHER L. PAGELLA	(Depositor's name)
<i>Heather L. Pagella</i>	(Signature)
06/01/2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/388,195	09/01/1999	EDWARD M. SCHEIDT	STS-127	3506

TITLE OF INVENTION: ENCRYPTION PROCESS INCLUDING A BIOMETRIC UNIT
INPUT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	08/02/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
REVAK, CHRISTOPHER A	2731	713-186000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.	1 IP STRATEGIES

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

TECSEC, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

VIENNA, VIRGINIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order - # of Copies _____

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.
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- The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **501998** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature Th. Chen

Date 06/01/2006

Typed or printed name THOMAS M. CHAMPAGNE

Registration No. 36,438

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